### U.S. Department of Justice United States Marshals Service

### PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF 570	COURT CASE NUMBER								
DEFENDANT	AMES L		-				PE OF PROCESS	,	mplaint
SERVE AT	James ADDRESS (S	L, E	PEWE Apartment	No., City, State	, ETC., TO SERVE O  and ZIP Code)  ## 3 Mansa	R DESCRIPTIO	ON OF PROPERTY TO	O SEIZE OI	
SEND NOTICE	OF SERVICE COL	Y TO REQU	ESTER AT	NAME AND A	DDRESS BELOW:	Number of	process to be this Form - 285		2
M	tephen l 14RION C 5,0, 130	ORR, 1 X57	inst,	,, ,,			Number of parties to be served in this case		4
	MARION	Chib 4	13301	-0057	, 	Check for on U.S.A.	service		
Signature of Attor	ngy or other Origin	ator requesting	service on	behalf of:	[XPLAINTIFF  □ DEFENDAN		NE NUMBER	DATE -	1-2019
SPACE BI	ELOW FOR	USE/O	F U.S.	MARSHA!	L ONLY — De	'   —— W TON C	RITE BELO	W TH	IS LINE
I acknowledge rec number of process (Sign only first b than one USM 28.	s indicated. USM 285 if more	Total Process	District of Origin	District to Serve	Signature of Author	orized USMS D	eputy or Clerk		Date
on the individual,	company, corporat	ion, etc., at the	e address sh	own above or on	ce of service,  have the individual, compa	ny. corporation,	etc., shown at the ad	dress inserte	cribed d below.
	ify and return that  f individual served			ne individual, co	mpany, corporation, o	etc., named abo	A person of	suitable ag	e and dis- he defendant's
Address (complete	e only if different ti	han shown abo	ove)				Date of Service Signature of U.S	Time  . Marshal c	am pm Deputy
	1 = · · · · · · · · · ·	<u> </u>	1. 20	7	Admin Donate	A	I to U.S. Marshal or		of Refund
Service Fee	Total Mileage Cl	-	arding Fee	Total Charges	Advance Deposits	Amount owed	i to U.S. Marshal or	Amoun	tor Keluno
REMARKS:	1								

Please type or print legibly, insuring readability of all copies. DO NOT DETACH ANY COPIES.

Submit one complete set of this form (USM-285) and one copy of each writ for each individual, company, corporation, etc., to be served or property to be seized or condemned. The applicable fees for such service(s) (T28, USC Sec. 1921 establishes the fees for service of process by the U.S. Marshal) may be required prior to said service.

For service of any process upon an officer or agent of the United States Government, submit a copy of the writ and a set of Form USM-285 for each officer or agent upon whom service is desired. Submit three (3) additional copies of the writs for service upon the Government of the United States. The U.S. Marshal will serve one (1) upon the U.S. Attorney and will forward two (2) to the Attorney General of the United States. (When the applicable box is checked, completion of the final signature block by the U.S. Marshal or his Deputy always certifies service on the U.S. Attorney and the Attorney General, regardless of whether other defendants on the writ were served.) Failure to provide any of the copies will delay service of the writ.

Complete all entries above the double line. Mark all applicable check boxes and use the "Special Instructions" to advise of any information that will assist the U.S. Marshal in expediting service.

If more than one writ and USM-285 is submitted on a single case, the U.S. Marshal will receipt for all of them on the first USM-285. You will receive for your records the last (No. 5) "Acknowledgment of Receipt" copy for all the USM-285 forms you submit. When the writ is served, you will receive the No. 3 Notice of Service copy. This copy will be identical to the return to the Clerk of the Court.

Upon completion of all services (if the Marshals fees were not requested or tendered in advance or if additional fees are indicated), you will receive a "Billing Statement" (copy 4 of USM-285) from the United States Marshal. (NOTE: Copy 4 should be returned, by you, to the U.S. Marshal, together with your payment of the amount owed.)

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**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF 57	600 10	Bund				COURT CASE NUMB	_••
DEFENDANT	PHEN W.	DYEKA	<del>}</del>			19-CJ-0	0912
	AMES L.	DEWE	ESE			SUMMONS	and Comples
SERVE  AT  SEND NOTICE (	Bombi  ADDRESS (Street  38 PAR	Couch or RFD, Apartm K Street	- PAGE eng No., City, State  South,	and ZIP Code)  2 And Floor	MAI	VS FIELD, Obio	O SEIZE OR CONDEMN  0 44/902-17/7
5	tephen W.	BYERL	1 #A434	-590		with this Form - 285	2
M	HEPHEN W. HARION CON 10.130X	er. INS 57	ST <sub>C</sub>			of parties to be in this case	4
	10, 130X 3	433	011005	7 	Check f	or service A.	
	UCTIONS OR OTHI			SIST IN EXPEDITIN	G ŠERVICE	(Include Business and	Alternate Addresses, All Fold
Signature of Attor	er or other Originator	requesting service	on behalf of:	Z PLAINTIFF  □ DEFENDAN		HONE NUMBER	DATE 5-1-2019
SPACE BI	ELOW FOR U	USE OF U.S	S. MARSHA	L ONLY — D	D NOT	WRITE BELO	W THIS LINE
I acknowledge rec number of process (Sign only first U than one USM 28.	indicated. USM 285 if more	otal Process District of Original No	1	Signature of Auth	orized USM!	S Deputy or Clerk	Date
I hereby certify an on the individual,	d return that I  have company, corporation	personally served, etc., at the address	have legal evident shown above or on	ce of service,  have the individual, compa	executed as ny, corporati	shown in "Remarks", the on, etc., shown at the ad	process described dress inserted below.
☐ I hereby certi	fy and return that I	am unable to locat	e the individual, co	ompany, corporation,	etc., named	above (See remarks be	low)
Name and title o	f individual served (i	f not shown above	;)			A person of cretion then usual place	suitable age and dis- residing in the defendant's of abode.
Address (complete	e only if different than	shown above)		······································		Date of Service	Time am
							pm
						Signature of U.S	. Marshal or Deputy
Service Fee	Total Mileage Char		ee Total Charges	Advance Deposits	Amount o	wed to U.S. Marshal or	Amount of Refund
	(including endeavo	(8)					

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)



Please type or print legibly, insuring readability of all copies. DO NOT DETACH ANY COPIES.

Submit one complete set of this form (USM-285) and one copy of each writ for each individual, company, corporation, etc., to be served or property to be seized or condemned. The applicable fees for such service(s) (T28, USC Sec. 1921 establishes the fees for service of process by the U.S. Marshal) may be required prior to said service.

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### PROCESS RECEIPT AND RETURN

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PLAINTIFF 5	TEPHEN	CC	COURT CASE NUMBER 19-CV-DO912							
DEFENDANT SAMES L. DEWEESE							YPE OF PROCESS AND COMPLAIN			
SERVE AT	ADDRESS (Sa	DIVIDUAL, C Rect or RFD.	OMPANY,  Apartment	CORPORATION  No., City, State	e and ZIP Code)					
SEND NOTICE	OF SERVICE COP	Y TO REQU	ESTER AT	NAME AND	ADDRESS BELOW:	—   Number of	process to be this Form - 285	2		
AA 12	EPLEN W ARION CS O. BOX	ex. F.	ust,	. ,,		Number of served in t	parties to be his case	4		
	14RION, E	Phio 4	3301	-0057 		Check for on U.S.A.	service			
Telephone Number	ers, and Estimated	IImes Availat	ole Por Sei	vice):		,			Fold	
Signature of Attor	ney or other Origina	Bejert	24		XPLAINTIFF ☐ DEFENDAN	<sub>т</sub>	NE NUMBER	DATE 5-/-	-2019	
l acknowledge rec number of process (Sign only first by than one USM 28	s indicated. USM 285 if more	Total Process	District of Origin	District to Serve	Signature of Auth			OW THIS	Date	
				_	nce of service,  have the individual, compa			•		
☐ I hereby certi	fy and return that	l am unable	to locate tl	he individual, co	ompany, corporation,	etc., named abo	ove (See remarks be	rlow)		
Name and title o	f individual served	(if not show	n above)				A person of cretion then usual place	suitable age residing in the of abode.	and dis- defendant's	
Address (complete	e only if different th	an shown abou	ve)				Date of Service Signature of U.S	Time  Marshal or	am pm Deputy	
Service Fee	Total Mileage Cha	- 1	rding Fee	Total Charges	Advance Deposits	Amount owed	to U.S. Marshal or	Amount o	f Refund	
REMARKS:	<u> </u>				<u> </u>					

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DEFENDANT SAMES L. DE WEESE							COURT CASE NUMBER 19-CV-00912			
DEFENDANT	SAMES A	L, D	-	Superions And Conflain						
SERVE AT	ADDRESS (Sin	y Hi	to h	No., City, State	e and ZIP Code)  MANS FIE		FION OF PROPERTY TO	<del>-</del>	CONDEMN	
	OF SERVICE COPY	TO REQU	ESTER AT	NAME AND A	ADDRESS BELOW:	_  Number	of process to be with this Form - 285	Z		
R 1	tephen ALION C 7,0. BOX	ore.	Inst.				Number of parties to be served in this case		<del></del>	
	Marion, D		3301	-005/ 		Check for U.S.	or service A.			
Telephone Numbe	ers, and Estimated 1	Times Availal	ble For Ser	vice):					Fold	
	ney or other Originat	W.	Dept	ly-	PLAINTIFF  DEFENDAN	п	ONE NUMBER	DATE  S-/	-20/9	
I acknowledge reconumber of process	reipt for the total s indicated.  USM 285 if more	Total Process	<del></del>	District to Serve No	Signature of Auth		<u>:</u>	JW THI	Date	
							hown in "Remarks", the on, etc., shown at the ad			
	ify and return that I			ne individual, co	ompany, corporation,	etc., named :		suitable age residing in th	and dis- e defendant's	
Address (complete	e only if different tha	n shown abo	ve)			-	Date of Service	Time	am pm Deputy	
Service Fee	Total Mileage Cha (including endeav	~ 1	arding Fee	Total Charges	Advance Deposits	Amount ov	ved to U.S. Marshal or		of Refund	
REMARKS:										

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